

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Bristol Myers Squibb Company
430 E 29th Street, 14th Floor
New York, NY 10016

Bristol-Myers Squibb Company
PO Box 951444
Dallas, TX 75395-1444

Bristol-Myers Squibb Company
Attn: Rhonda Nantais
P.O. Box 951444
Dallas, TX 75395-1444

Bristol-Myers Squibb Company
Attn: Rhonda Nantais
430 E 29th Street, 14th Floor
New York, NY 10016

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Bristol-Myers Squibb Company
Attn: Giovanni Caforio, MD, CEO &
Sandra Leung, Executive VP and General Counsel
430 E 29th Street, 14th Floor
New York, NY 10016

The Corporation Trust Company,
R/A for Bristol-Myers Squibb Company
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>M. J. R. M.</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Bristol-Myers Squibb Company Attn: Giovanni Caforio, MD, CEO & Sandra Leung, Executive VP and General Counsel 430 E 29th Street, 14th Floor New York, NY 10016</p>		<p>B. Received by (Printed Name) <i>Robert M. Bell</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9597</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>X</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>The Corporation Trust Company, R/A for Bristol-Myers Squibb Company Corporation Trust Center 1209 Orange St Wilmington, DE 19801</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9580</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	